

**REVOCATION OF POWER OF  
ATTORNEY WITH  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/767,431
Filing Date	January 30, 2004
First Named Inventor	THOMPSON, Daniel J.
Art Unit	1816
Examiner Name	ARNOLD, E.
Attorney Docket Number	26871 (P018US)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

74997

☐ Please change the correspondence address for the above-identified application to:

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Customer Number:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Pamela A. Jasinski, Secretary		
Date	December 11, 2007	Telephone	302-576-2887

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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